

Thomasville Parks and Recreation
2014-2015 After School Registration

Child's Full Name: _____ Current Age: _____
Birth Date (MM/DD/YYYY): _____ M/F: _____ Shirt Size: _____
Street Address: _____ City _____ Zip: _____
Current Grade Level: _____ School: _____

Parent/Guardian Name: _____
Street Address: _____ City _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Place of Employment: _____

Parent/Guardian Name: _____
Street Address: _____ City _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Place of Employment: _____

Please list any additional people authorized to pick up your child from the Recreation Center below:

Full Name: _____ Home Phone: _____ Cell: _____
Full Name: _____ Home Phone: _____ Cell: _____
Full Name: _____ Home Phone: _____ Cell: _____
Full Name: _____ Home Phone: _____ Cell: _____

Please list any additional persons to contact in case of an emergency.

Name: _____ Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relationship to child: _____
Name: _____ Home Phone: _____ Cell Phone: _____
Work Phone: _____ Relationship to child: _____

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Medical Information

Is your child taking any medications? Yes___ No___

If yes, please list the medications: _____

Does your child have any allergies? Yes___ No___

If yes, please list the allergies: _____

Child's Physician:_____ Phone Number:_____

Insurance Company:_____ Policy Number:_____

Please list any other conditions or issues that you feel the staff need to know about:_____

Please read carefully before signing

I, _____, Parent/Guardian of _____ do hereby give my child permission to ride any vehicle provided by the City of Thomasville Parks and Recreation Department. In the event of an emergency, I authorize the staff of the Thomasville Parks and Recreation Department to contact the appropriate physician and to authorize the proper medical treatment that my child may require. I authorize the filing of any claims for the payment of such services with our medical insurance carrier. I agree to pay for all services: medical, surgical, or legal that may not be covered by my insurance. I have been given the opportunity, if I wish, to inspect the premises and equipment and talk with the Thomasville Parks and Recreation staff. I hereby release the City of Thomasville and employees from any and all damages that could occur while on the premises or on a field trip.

____ I DO NOT give my permission for my child's picture to be used any Recreation media promotions.

I have received a parent handbook and I understand all the rules that were outlined within it.

Signature:_____ Date:_____